

Stafford County Public Schools

Health Insurance Benefit Plans Proposal for FY 2005

Benefit	Current Plan	KeyCare 15	KeyCare 30
<i>Annual Deductible</i>	\$100 / \$200	None	\$1000 / \$2000
<i>Primary Care Office Visit</i>	Ded. 80/20	\$15	\$30
<i>Specialist Office Visit</i>	Ded. 80/20	\$30	\$30
<i>Inpatient Hospital</i>	In Full	\$300/20%	Ded. 80/20
<i>Outpatient Hospital</i>	In Full	\$100/20%	Ded. 80/20
<i>Outpatient Lab & Xray</i>	In Full	20%	Ded. 80/20
<i>Routine Gyn. Annual Exam</i>	No copayment	\$30	\$30
<i>Routine Lab & Xray</i>	No copayment	20%	20%
Prescription:			
<i>Generic</i>	\$8	\$10	\$10
<i>Brand on List</i>	\$15	\$20	\$20
<i>Brand not on List</i>	\$1000 / \$2000	\$2000 / \$4000	\$3000 / \$6000
<i>Out of Pocket Maximum</i>			
<i>Vision</i>	Included	Included	Included
Dental:			
<i>Preventative</i>	Employee Option	0% coinsurance	0% coinsurance
<i>Basic</i>	at additional	\$50 Ded. 20%	\$50 Ded. 20%
<i>Restorative</i>	cost.	\$50 Ded. 50%	\$50 Ded. 50%
<i>Orthodontic</i>	Not Included	Not Included	Not Included
<i>Maximum annual benefit</i>	\$1,000	\$1,000	\$1,000

This is a summary overview of benefits designed to show a general comparison.

Benefits are reduced by 30% when non-participating providers are used.